HIV/AIDS and Reproductive Health Spending: Multilateral Development Banks’ (MDBs’)
Overview

- **Gender Action** is the only organization dedicated to holding MDBs accountable for the impacts of their investments on women, who compose the majority of the world’s poor.

- Gender Action has a project that tracks:
  1. How much MDBs spend on H/A and RH
  2. Quality of MDBs spending H/A on H/A and RH
  3. How MDB policies reduce poor countries’ ability to address these issues

- **Gender Action:**
  - Produced reports in 2007 and 2009 (forthcoming) and a Toolkit for Activists to guide & inform advocacy presenting data & findings & identifying leverage points
  - Plans to continue tracking MDB spending, especially in Africa

Gender Action, December 2009
Issues

- Overall MDB spending has been increasing significantly during the global financial and economic crisis
- Collectively spend $150 billion per year on “aid”
- Largest MDB’s – World Bank’s -- current GAP claims Bank satisfactorily incorporates gender issues into health projects so GAP does not focus on H/A and RH
- Gender Action research and Bank self-evaluations challenge these GAP conclusions
- The Bank’s 2007 Health, Nutrition and Population Strategy states HNP portfolio was “the worst-performing portfolio among all 19 sectors for the last five years in a row.”
- HNP states full time Bank health staff since 2000 has dropped by 40%
- The Bank’s Independent Evaluation Group

Gender Action, December 2009
All MDBs Committed to Achieving MDGs by 2015

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development
# The Reality: HIV/AIDS and Reproductive Health are Low Funding Priorities at the MDBs???

Average MDB Spending on RH and HIV/AIDS as a Percentage of Total Spending, 2003-2006

<table>
<thead>
<tr>
<th>MDB</th>
<th>Population &amp; RH</th>
<th>HIV/AIDS</th>
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</thead>
<tbody>
<tr>
<td>ADB</td>
<td>0.004%</td>
<td>0.1%</td>
</tr>
<tr>
<td>AfDB</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>IDB</td>
<td>0.3%</td>
<td>0.008%</td>
</tr>
<tr>
<td>World Bank</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>
World Bank Funding for Population, Reproductive Health (RH) and HIV/AIDS Projects and Components as a Percentage of Total Approved Lending, 1998-2006

World Bank Funding is Decreasing
Quality of MDB Investments

- Gender sensitive projects:
  - AfDB
  - ADB

- Poor quality investments:
  - IDB
  - World Bank

- Conditionalities
Recommendations

- Increase MDB Funding for RH and HIV/AIDS

- Improve the Quality of MDB RH and HIV/AIDS Projects, especially gender sensitivity

- End MDB Policy Conditionalities such as:
  - Privatization of health services
  - “User Fees” for Essential Services: Current WB HNP Strategy restored user fees and loans eg Ghana anti-retroviral drugs
Next Steps

- **Advocacy** to hold IFIs & governments accountable:
  - **IFIs** should increase & improve spending on RH & H/A & remove impediments such as user fees
  - **Governments** should pressure IFIs, eg the U.S. as largest shareholder & poor country governments most impacted by IFIs
- Regional workshops sharing findings and stimulating advocacy
  - Central America first half 2010
Hoped for Outcomes

- Increased MDB investments in RH & H/A (Short Term)
- Improved quality of MDB RH & H/A investments (Short Term)
- Mobilized campaign involvement by SRRH & IFIwatch communities (Short Term)
- An end to IFI conditions impeding addressing RH & H/A such as privatization & “user fees” (Short-Med Term)
- Increased women’s and men’s access to high-quality RH services, HIV prevention & AIDS treatment (Med-Long Term)
- Achievement of MDGs Five and Six which promise improved maternal health and reduced incidence of H/A (Long Term)